

A# 213017169

**IRWIN COUNTY DETENTION CENTER  
INMATE/DETAINEE ACKNOWLEDGEMENT FORM**

I, MANRIQUE, YANIS, Andres, acknowledge that I have received the Irwin County Detention Center Inmate/Detainee Handbook, and it has been explained to me that if I need assistance in reading or understanding the contents, that such assistance will be provided to me.

Yo, \_\_\_\_\_, estoy consiente que resibi una copia del manual de Irwin County Detention Center para los Dentenidos. Tambien fui infomado que si nesecito asistencia en leer o entender el contenido. Puedo obtener asistencia.

(X) [Signature]  
Inmate/Detainee Signature  
Preso/Detenido Firma

64401  
Number  
Numero

04/12/2019  
Date  
Fecha

I, [Signature], acknowledge that I have been informed how to access health services and how utilize the inmate/detainee request form.

Yo, \_\_\_\_\_, estoy consiente y fui informado de como obtener asistencia medica y como yenar las formas de presos/detenidos.

(X) [Signature]  
Inmate/Detainee Signature  
Preso/Detenido Firma

64401  
Number  
Numero

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Date  
Fecha

My signature below indicates that I have been advised, and I have understood, my options in reporting sexual abuse and assault. To receive immediate assistance I understand that I may report to any staff member.

My firma abajo indica que yo fui informado y comprendo que puedo reporter cualquier tipo de abuso sexual. Para recibir asistencia inmediata debo de reportalo a cuaquier uniformado.

(X) [Signature]  
Inmate/ Detainee Signature  
Preso/Detenido Firma

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Number  
Numero

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Date  
Fecha

**EXHIBIT  
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